



Local Health Services Questionnaire

What is the survey about?

This survey is about your experience of the services provided by the NHS in your area. Your views are very important in helping us to find out how well the services work and how they can be improved.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/ her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. These instructions are always shown in **blue** text. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any queries about the questionnaire, please call the helpline number given in the letter enclosed with this questionnaire.

Your participation in this survey is voluntary.

If you choose not to take part in this survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason.

Your answers will be treated in confidence.

A. MAKING AN APPOINTMENT

Please answer these questions thinking about any health care **EITHER** for yourself **OR** for a child in your care

1. Have you **made an appointment** with a doctor from your GP practice/ health centre in the last 12 months?

1 ☐ Yes → **Go to 2**

2 ☐ No → **Go to 6**

Thinking about your LAST appointment or home visit ...

2. The **last** time you saw a doctor from your GP practice/ health centre, how long did you wait for an appointment?

1 ☐ I was seen without an appointment → **Go to 5**

2 ☐ I was seen on the same working day
→ **Go to 4**

3 ☐ I waited 1 or 2 working days → **Go to 3**

4 ☐ I waited more than 2 working days → **Go to 3**

5 ☐ It was a pre-planned appointment or visit
→ **Go to 4**

6 ☐ Can't remember → **Go to 4**

3. What was the main reason you waited? (Tick **ONE** only)

1 ☐ I wanted to see **my own choice** of doctor

2 ☐ I could not get an earlier appointment with **any** doctor at my GP practice/ health centre

3 ☐ It was **not convenient for me** to have an appointment at any earlier time

4 ☐ Another reason

4. How do you feel about the length of time you waited for an appointment with a doctor?

1 ☐ I was seen as soon as I thought was necessary

2 ☐ I should have been seen **a bit sooner**

3 ☐ I should have been seen **a lot sooner**

5. If you want to make a doctor's appointment **3 or more working days in advance** does your GP practice/ health centre allow you to do that?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know/ Not sure

B. VISITING THE GP PRACTICE/ HEALTH CENTRE

6. Have you **visited** your GP practice/ health centre in the last 12 months?

1 ☐ Yes → **Go to 7**

2 ☐ No → **Go to 10**

Thinking about your LAST visit to the GP practice/ health centre...

7. When you arrived, how would you rate the courtesy of the receptionist?

1 ☐ Excellent

2 ☐ Very good

3 ☐ Good

4 ☐ Fair

5 ☐ Poor

6 ☐ Very poor

8. How long **after your appointment time** did you have to wait to be seen?

1 ☐ I did not have an appointment → **Go to 9**

2 ☐ Seen on time or early → **Go to 10**

3 ☐ Waited up to 15 minutes → **Go to 9**

4 ☐ Waited 16-30 minutes → **Go to 9**

5 ☐ Waited 31 minutes or longer → **Go to 9**

6 ☐ Can't remember → **Go to 9**

9. Did someone tell you how long you would have to wait?

- 1 ☐ Yes
- 2 ☐ No, but I would have liked to have been told
- 3 ☐ No, but I did not mind
- 4 ☐ Not sure/ Can't remember

C. SEEING A DOCTOR

10. Have you seen a **doctor** from your GP practice/ health centre in the last 12 months?

- 1 ☐ Yes → **Go to 11**
- 2 ☐ No → **Go to 18**

Thinking about the LAST TIME you saw a doctor from your GP practice/ health centre...

11. Did the doctor **listen carefully** to what you had to say?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

12. Were you given **enough time** to discuss your health or medical problem with the doctor?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need to discuss anything

13. Were you **involved** as much as you wanted to be in decisions about your care and treatment?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

14. If you had **questions** to ask the doctor, did you get answers that you could understand?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need to ask any questions
- 5 ☐ I did not have an opportunity to ask questions

15. Did the doctor explain the reasons for any treatment or action in a way that you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need an explanation
- 5 ☐ No treatment or action was needed

16. Did you have **confidence and trust** in the doctor?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

17. Did the doctor treat you with **respect and dignity**?

- 1 ☐ Yes, all of the time
- 2 ☐ Yes, some of the time
- 3 ☐ No

D. MEDICINES (eg. tablets, ointment, oral contraceptives)

18. In the last 12 months, have you had any **new** medicine(s) (including tablets, suppositories, injections) prescribed for you by a doctor or nurse practitioner from your GP practice/ health centre?

- 1 ☐ Yes → **Go to 19**
- 2 ☐ No → **Go to 23**
- 3 ☐ Can't remember → **Go to 23**

Thinking about the LAST time you had a new medicine prescribed for you by someone from your GP practice/ health centre...

19. Were you involved as much as you wanted to be in decisions about the best medicine for you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

20. Were you given enough information about the **purpose** of the medicine?

- 1 ☐ **Yes**, enough information
- 2 ☐ **Some**, but I would have liked more
- 3 ☐ I got **no information**, but I wanted some
- 4 ☐ I **did not want/ need** any information
- 5 ☐ Don't know/ Can't say

21. Were you given enough information about any **side-effects** the medicine might have?

- 1 ☐ **Yes**, enough information
- 2 ☐ **Some**, but I would have liked more
- 3 ☐ I got **no information**, but I wanted some
- 4 ☐ I **did not want/ need** any information
- 5 ☐ Don't know/ Can't say

22. Were you given enough information about **how to use** the medicine (e.g. when to take it, how long you should take it for, whether it should be taken with food)?

- 1 ☐ **Yes**, enough information
- 2 ☐ **Some**, but I would have liked more
- 3 ☐ I got **no information**, but I wanted some
- 4 ☐ I **did not want/ need** any information
- 5 ☐ Don't know/ Can't say

23. Have you been taking any prescribed medicine(s) for 12 months or longer?

- 1 ☐ Yes → **Go to 24**
- 2 ☐ No → **Go to 25**

24. In the last 12 months, have you seen anyone at your GP practice/ health centre to check how you are getting on with this medicine (i.e. have your medicines been reviewed)?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know/ Not sure

E. REFERRALS

25. In the last 12 months, has anyone at your GP practice/ health centre referred you to a specialist (e.g. a hospital consultant)?

- 1 ☐ Yes → **Go to 26**
- 2 ☐ No → **Go to 29**

26. When you were referred to see a specialist, were you offered a choice of **hospital** for your first hospital appointment?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know/ Can't remember

Thinking about the LAST specialist you were referred to...

27. When you first saw the person you were referred to, did he/ she seem to have all the necessary information about you and your condition or treatment?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I have not been yet
- 5 ☐ Don't know/ Can't remember

28. Did you receive **copies of letters** sent between the specialist and your GP?

- 1 ☐ Yes, as far as I know I received copies of **all** letters
- 2 ☐ I received copies of **some but not all** letters
- 3 ☐ No, I **did not receive copies** of any letters
- 4 ☐ I do not know if any letters were sent
- 5 ☐ I asked not to receive copies of letters

F. SEEING ANOTHER PROFESSIONAL FROM A GP PRACTICE/ HEALTH CENTRE

29. Have you seen anyone else from a GP practice/ health centre **other than a doctor** in the last 12 months?

- 1 ☐ Yes → **Go to 30**
- 2 ☐ No → **Go to 34**

30. The **last time** you saw someone other than a doctor from a GP practice/ health centre, who did you see? (**Tick ONE only**)

- 1 ☐ A practice nurse or nurse practitioner
- 2 ☐ A midwife
- 3 ☐ A district nurse
- 4 ☐ A health visitor
- 5 ☐ Someone else
- 6 ☐ I was not sure who I saw

31. The **last time** you saw this person, how long did you wait for an appointment?

- 1 ☐ I was seen without an appointment → **Go to 34**
- 2 ☐ I was seen on the same working day → **Go to 33**
- 3 ☐ I waited 1 working day → **Go to 32**
- 4 ☐ I waited 2 working days → **Go to 32**
- 5 ☐ I waited more than 2 working days → **Go to 32**
- 6 ☐ It was a pre-planned appointment or visit → **Go to 33**
- 7 ☐ Can't remember → **Go to 33**

32. What was the main reason you waited? (**Tick ONE only**)

- 1 ☐ I wanted to see **my own choice of** professional
- 2 ☐ I could not get an earlier appointment with **any other professional** at my GP practice / health centre
- 3 ☐ It was **not convenient for me** to have an appointment at any earlier time
- 4 ☐ Another reason

33. How do you feel about the length of time you waited for an appointment with this person?

- 1 ☐ I was seen as soon as I thought was necessary
- 2 ☐ I should have been seen **a bit sooner**
- 3 ☐ I should have been seen **a lot sooner**

G. OVERALL ABOUT YOUR GP PRACTICE/ HEALTH CENTRE

34. Was the main reason you went to your GP practice/ health centre dealt with to your satisfaction?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No

35. In your opinion, how clean is the GP practice/ health centre?

- 1 ☐ Very clean
- 2 ☐ Fairly clean
- 3 ☐ Not very clean
- 4 ☐ Not at all clean
- 5 ☐ Can't say

36. Have you had a problem getting through to your GP practice/ health centre on the phone?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I have not tried to get through on the phone

37. In the last 12 months, have you ever been put off going to your GP practice/ health centre because the opening times are inconvenient for you?

- 1 ☐ Yes, often
- 2 ☐ Yes, sometimes
- 3 ☐ No

H. DENTAL CARE

38. Do you visit a dentist regularly (that is at least once every 2 years)?

- 1 ☐ Yes – as an NHS patient → Go to 40
- 2 ☐ Yes – as a non-NHS patient → Go to 39
- 3 ☐ No → Go to 39
- 4 ☐ Don't know → Go to 39

39. Would you **like to** receive dental care as an NHS patient?

- 1 ☐ Yes
- 2 ☐ No

J. HEALTH PROMOTION

40. In the last 12 months have you had your **blood pressure** taken by anyone from your GP practice/ health centre?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Not sure/ Can't remember

41. In the last 12 months, have you been given advice from your GP practice/ health centre on your **weight**?

- 1 ☐ Yes – I was told I should try to lose weight
- 2 ☐ Yes – I was told I should try to stay the same weight
- 3 ☐ Yes – I was told I should try to gain weight
- 4 ☐ No, but I would have liked some advice
- 5 ☐ No, but I did not want any advice

42. In the last 12 months, have you been given advice or help from your GP practice/ health centre on **eating a healthy diet**?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I would have liked help/ advice
- 4 ☐ No, but I did not want any help/ advice

43. How regularly do you eat the recommended 5 portions of fruit or vegetables a day?

- 1 ☐ Everyday
- 2 ☐ Most days but not everyday
- 3 ☐ 1-3 days per week
- 4 ☐ Less often than 1 day per week
- 5 ☐ Don't know/ Can't say

44. In the last 12 months, have you been given advice or help from your GP practice/ health centre on **getting enough exercise**?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No, but I would have liked help/ advice
- 4 ☐ No, but I did not want any help/ advice

45. In the last 12 months, have you been given advice or help from your GP practice/ health centre on **giving up smoking**?

- 1 ☐ I have not smoked in the last 12 months
- 2 ☐ Yes, definitely
- 3 ☐ Yes, to some extent
- 4 ☐ No, but I would have liked help /advice
- 5 ☐ No, but I did not want any help/ advice

46. In the last 12 months, have you been asked by someone at your GP practice/ health centre about how much alcohol you drink?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know/ Can't remember

47. In the last 12 months, have you been given advice or help from your GP practice/ health centre on **sensible alcohol intake**?

- 1 ☐ Yes, definitely → Go to 48
- 2 ☐ Yes, to some extent → Go to 48
- 3 ☐ No, but I would have liked help/advice → Go to 48
- 4 ☐ No, but I did not want any help/advice → Go to 48
- 5 ☐ I do not drink alcohol → Go to 49

48.How many units of alcohol do you normally drink in a week? (1 unit is roughly equivalent to one small glass of wine, half a pint of beer or one pub measure of spirits)

- 1 ☐ I do not drink alcohol
- 2 ☐ Less than 14 units
- 3 ☐ Between 14-21 units
- 4 ☐ Between 22-29 units
- 5 ☐ More than 29 units
- 6 ☐ Don't know/ Can't say

49.Do you have any of the following long-standing conditions? (**Tick ALL that apply**)

- 1 ☐ Deafness or severe hearing impairment → **Go to 50**
- 2 ☐ Blindness or partially sighted → **Go to 50**
- 3 ☐ A long-standing physical condition → **Go to 50**
- 4 ☐ A learning disability → **Go to 50**
- 5 ☐ A mental health condition → **Go to 50**
- 6 ☐ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy → **Go to 50**
- 7 ☐ No, I do not have a long-standing condition → **Go to 52**

50.Does this condition(s) cause you difficulty with any of the following? (**Tick ALL that apply**)

- 1 ☐ Everyday activities that people your age can usually do
- 2 ☐ At work, in education, or training
- 3 ☐ Access to buildings, streets, or vehicles
- 4 ☐ Reading or writing
- 5 ☐ People's attitudes to you because of your condition
- 6 ☐ Communicating, mixing with others, or socialising
- 7 ☐ Any other activity
- 8 ☐ No difficulty with any of these

51.In the last 12 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (*Please think about all services and organisations, not just health services*)

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ No, but I have not needed such support
- 5 ☐ Don't know/ Can't say

K.ABOUT YOU

52.Are you male or female?

- 1 ☐ Male
- 2 ☐ Female

53.What was your **year** of birth?

(Please write in) e.g.

1	9	3	4
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54.How old were you when you left full-time education?

- 1 ☐ 16 years or less
- 2 ☐ 17 or 18 years
- 3 ☐ 19 years or over
- 4 ☐ Still in full-time education

55.Overall, how would you rate your health during the **past 4 weeks**?

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor
- 6 ☐ Very poor

56. To which of these ethnic groups would you say you belong? (Tick **ONE** only)

a. WHITE

- 1 ☐ British
- 2 ☐ Irish
- 3 ☐ Any other White background
(Please write in box)

b. MIXED

- 4 ☐ White and Black Caribbean
- 5 ☐ White and Black African
- 6 ☐ White and Asian
- 7 ☐ Any other Mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 ☐ Indian
- 9 ☐ Pakistani
- 10 ☐ Bangladeshi
- 11 ☐ Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 ☐ Caribbean
- 13 ☐ African
- 14 ☐ Any other Black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 ☐ Chinese
- 16 ☐ Any other ethnic group
(Please write in box)

OTHER COMMENTS

Is there anything particularly good about your local health care?

Is there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed